elements, selenium and tellurium. The mice were cured by this procedure. Now the authors tried intravenous administration, but the toxicity of the preparation was so much greater when given in this way that they were unable to administer enough to have any effect on the tumor. It was therefore necessary to try various compounds of the elements. Since fluorescein and its derivatives are highly diffusible, such compounds were first examined. After experimeting with more than two hundred new compounds, they finally obtained an eosin-selenium preparation which proved to be active. A mouse weighing 15 grams can take 2.5 milligrams of this intravenously. The preparation is very unstable, and is difficult to make as yet. When given to a cancerous mouse, the course of events is as follows: From the first three injections, given on successive days, no result is seen. On the fourth day the tumor feels softer. The fourth injection is given on the fifth day and the tumor at once becomes cystic but still contains firm masses here and there. The fifth injection is made on the seventh day and is followed by a decrease in size of the cyst (absorption). The sixth and last injection, made on the ninth day, leaves what feels like an empty sack. A seventh or eighth injection may be required to produce a complete cure. Animals treated in this way have remained for months without a recurrence. When the tumor is very large or the action of the drug very pronounced, the animals may die, probably from the products absorbed. The larger the tumor, the greater is the danger of death from absorption of toxic substances. If the least particle of tumor tissue remains undestroyed, a recurrence of the tumor will be noted in eight to fourteen days. Since it is mechanically impossible to give more than eight intravenous injections to one mouse, owing to the smallness of the veins and the injury produced in them, and since the drug is inactive when given by mouth or subcutaneously, it has been impossible to determine whether such recurrences may be cured. Four strains of cancer and one of sarcoma were studied. The authors emphasize the fact that their results apply only to the neoplasms of mice and are therefore of theoretic and scientific interest, but that no conclusions with regard to the treatment of cancer and sarcoma in man can be drawn from them. The experiments were controlled very abundantly. Histological examinations of all material were made by v. Hansemann.

Action of Colloidal Selenium A on Cancerous Glands.—Following the experimental work of WASSERMANN, THIROLOIX, and LAUCIEN (*Bull. et mém. Soc. méd. d. hôp. de Paris*, 1912, 3 s., xxxiii, 197) found by pulverization a product of selenium which they called "Selenium A." It has the physicochemical properties of ordinary selenium, was a colloid of fine suspension, stable, isotonic, and non-toxic to animals. They injected intravenously 4 to 8 c.c. of this once every week for ten weeks into a patient with a painful, ulcerated, non-syphilitic tumor of the tongue accompanied by enlarged, hard submaxillary glands. Each injection was followed by chills, and a temperature of 39° to 40° lasting from one to three days. No other untoward symptoms were noted. After the first injection the glands seemed to decrease in size and become less painful. After the seventh, the submaxillary gland suddenly increased in size, and became fluctuant. Three punctures obtained nearly 20 c.c. of an aseptic fluid. After the last, the gland had almost completely disappeared. Cytological examination of the centrifuged specimen showed amorphous masses around which were mononuclear cells and rare neutrophilic leukocytes, endothelial-like cells with vacuolated protoplasm and pavement cells. Chemically the liquid gave a positive urobilin test, and showed selenium apparently fixed in the cells. From this case Thiroloix and Laucien believe that selenium can be easily obtained as a colloid suitable for intravenous use, that it only effects very vascular epithelial masses, and that its action is cytolytic. Finally, that though this may be of theoretical important, it is not possible to deduce from this observation a practical application.

Urobilinuria in Pneumonia.—W. Hildebrandt (*Zeit. f. klin. Med.*, 1911, lxxiii, 189) reports a study of urobilinuria in relation to the diagnosis and prognosis of pneumonia and to the interpretation of icterus in the course of pneumonia. He finds that a pneumonia is not complicated by hepatic disease (parenchymatous hepatitis, chronic passive congestion, or bile stasis) when the urobilin curve is only slightly above the normal at the beginning of the disease, high during crisis, with a rapid fall coincident with the termination of resolution. Chronic passive congestion is dependant entirely upon the condition of the heart. Bile stasis, causing the pleiochromic icterus, may be confused with icterus resulting from a parenchymatous hepatitis. Pleiochromic icterus, which is rarely uncomplicated by hepatitis of some degree, is concomitant with resolution, and is attributable to the excess of blood pigment carried to the liver from the resolving pulmonary exudate. Parenchymatous hepatitis, on the other hand, appears on the urobilin curve at a time when signs of resolution are lacking. For prognosis, the recognition of a parenchymatous hepatitis at the beginning of a pneumonia is of great importance; it indicates a severe general infection. The continuation of an increased urobilinuria after the resolution is completed is indicative of a parenchymatous hepatitis which may clear up on prolonged treatment in bed or, rarely, may become chronic. In pneumonia, then, Hildebrandt believes that the beginning and end of resolution may be determined with considerable accuracy by following the urobilin curve. In obscure cases (central pneumonia) the urobilin curve may be of great aid. It is important, of course, that conclusions be based on daily observations, not on isolated findings.

The Rectal Administration of Salvarsan.—S. L. Bargrow (*Berl. klin. Woch.*, 1912, xlix, 108) has used salvarsan in suppositories in cases where intravenous or intramuscular administration seemed inadvisable. The suppository is made to contain 0.1 to 0.2 gram salvarsan and 0.01 gram novocain. A suppository is given at two to three-day intervals till the desired amount of the drug has been given. The bowels should not move till ten to fifteen hours have elapsed after giving the suppository. The effect of the drug is manifest in three to four days and there is practically no reaction, either local or general.